

NOTICE OF FEE DUE

DATE: 01-26-02
TO: Sector
FROM: Office of Initial Patent Examination
SUBJECT: Fee Due
APPLICATION NUMBER: 091986,445

A fee is due for the attached document submitted to the U. S. Patent and Trademark Office for the following reason. Please check the application for the appropriate authorization to charge a deposit account. If an authorization is present, please charge the appropriate fee. If an authorization is not present, notify the applicant of the fee deficiency.

- Insufficient fee by check
- Insufficient funds in deposit account
- Declined credit card
- Non authorization for charge to deposit account
- No fee submitted per requirement

The correct fee code:	<u>101</u>	amount	\$ <u>740</u>
The suspended fee code:	197	amount	- \$ _____
Fee Due		amount	= \$ _____

If you have any questions, please contact Cynthia Streater at 703-306-5430 or Eleanor Kurtz at 703-308-3642.

Terminal Operator _____

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001					Application or Docket Number
CLAIMS AS FILED - PART I					
(Column 1)		(Column 2)			
TOTAL CLAIMS		<i>20</i>			
FOR		NUMBER FILED	NUMBER EXTRA		
TOTAL CHARGEABLE CLAIMS		<i>20</i> minus 20 = *	X		
INDEPENDENT CLAIMS		1 minus 3 = *	X		
MULTIPLE DEPENDENT CLAIM PRESENT					<input type="checkbox"/>
* If the difference in column 1 is less than zero, enter "0" in column 2					
CLAIMS AS AMENDED - PART II					
(Column 1)		(Column 2)		(Column 3)	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.					
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."					
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."					
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.					